



The Building Blocks Child Care Mentor Program

Payment Voucher/Progress Report

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Please fill out a separate voucher for each mentee. You must fill in the date of the visit; the length of your mentor visit; round-trip mileage; and round trip travel time.

Name of Mentee: _____

Mentee Address/City: _____

Date(s) of Mentor Visit: _____ Drive Time: (round trip) _____ Hrs

Round Trip Mileage: _____ Actual Time Mentoring: _____ Hrs

Main Topic of Visit: _____

- What was most positive about this visit?

- What was most challenging?

- What resource items did you use? What was most useful? What was least useful?

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Signature

Date